which hand washing is indicated by accepted professional practice.

(Authority: 38 U.S.C. 101, 501, 1741-1743)

(The Office of Management and Budget has approved the information collection requirements in this paragraph under control number 2900-0160.)

§52.200 Physical environment.

The physical environment must be designed, constructed, equipped, and maintained to protect the health and safety of participants, personnel and the public.

- (a) Life safety from fire. The facility must meet the applicable provisions of the National Fire Protection Association's NFPA 101, Life Safety Code, 2000 edition. Incorporation by reference this document was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. The document incorporated by reference is available for inspection at the Department of Veterans Affairs, Office of Regulations Management (02D), Room 1154, 810 Vermont Avenue, NW., Washington, DC 20420 or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http:// www.archives.gov/federal register/ code of federal regulations/
- ibr locations.html. Copies may be obtained from the National Fire Protection Association, Battery March Park, Quincy, MA 02269. (For ordering information, call toll-free 1-800-344-3555.)
- (b) Space and equipment. (1) Program management must—
- (i) Provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide participants with needed services as required by these standards and as identified in each participant's plan of care; and
- (ii) Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.
- (2) Each adult day health care program, when it is co-located in a nursing home, domiciliary, or other care facility, must have its own separate designated space during operational hours.
- (3) The indoor space for an adult day health care program must be at least 100 square feet per participant includ-

ing office space for staff and must be 60 square feet per participant excluding office space for staff.

- (4) Each program will need to design and partition its space to meet its own needs, but a minimal number of functional areas must be available. These include:
- (i) A dividable multipurpose room or area for group activities, including dining, with adequate table-setting space.
- (ii) Rehabilitation rooms or an area for individual and group treatments for occupational therapy, physical therapy, and other treatment modalities.
- (iii) A kitchen area for refrigerated food storage, the preparation of meals and/or training participants in activities of daily living.
- (iv) An examination and/or medication room.
- (v) A quiet room (with at least one bed), which functions to isolate participants who become ill or disruptive, or who require rest, privacy, or observation, must include a bed. It should be separate from activity areas, near a restroom, and supervised.
- (vi) Bathing facilities adequate to facilitate bathing of participants with functional impairments.
- (vii) Toilet facilities and bathrooms easily accessible to people with mobility problems, including participants in wheelchairs. There must be at least one toilet for every eight participants. The toilets must be equipped for use by persons with limited mobility, easily accessible from all programs areas, i.e., preferably within 40 feet from that area, designed to allow assistance from one or two staff, and barrier-free.
- (viii) Adequate storage space. There should be space to store arts and crafts materials, personal clothing and belongings, wheelchairs, chairs, individual handiwork, and general supplies. Locked cabinets must be provided for files, records, supplies, and medications.
- (ix) An individual room for counseling and interviewing participants and family members.
 - (x) A reception area.
- (xi) An outside space that is used for outdoor activities that is safe, accessible to indoor areas, and accessible to those with a disability. This space may include recreational space and garden

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area. It should be easily supervised by staff.

- (c) Furnishings must be available for all participants. This must include functional furniture appropriate to the participants' needs. Furnishings must be attractive, comfortable, and homelike, while being sturdy and safe.
- (d) Participant call system. The coordinator's station must be equipped to receive participant calls through a communication system from—
 - (1) Clinic rooms; and
 - (2) Toilet and bathing facilities.
- (e) Other environmental conditions. The program management must provide a safe, functional, sanitary, and comfortable environment for the participants, staff and the public. The program management must—
- (1) Establish procedures to ensure that water is available to essential areas if there is a loss of normal water supply;
- (2) Have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two:
- (3) Equip corridors, when available, with firmly-secured handrails on each side: and
- (4) Maintain an effective pest control program so that the facility is free of pests and rodents.

(Authority: 38 U.S.C. 101, 501, 1741–1743)

§52.210 Administration.

An adult day health care program must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well being of each participant.

- (a) Governing body. (1) The State must have a governing body, or designated person functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the program; and
- (2) The governing body or State official with oversight for the program appoints the adult day health care program administrator who is:
- (i) A qualified heath care professional experienced in clinical program management and, if required by the State,

certified as a Certified Administrator in Adult Day Health Care; and

- (ii) Responsible for the operation and management of the program including:
- (A) Documentation of current credentials for each licensed independent practitioner employed by the program;
- (B) Review of the practitioner's record of experience;
- (C) Assessment of whether practitioners with clinical privileges act within the scope of privileges granted; and
- (iii) Awareness of local trends in community adult day health care and other services, and participation in area adult day health care organizations.
- (b) Disclosure of State agency and individual responsible for oversight of facility. The State must give written notice to the Chief Consultant, Geriatrics and Extended Care Strategic Healthcare Group (114), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420, at the time of the change, if any of the following change:
- (1) The State agency and individual responsible for oversight of a State home facility;
- (2) The State adult day health care program administrator; or
- (3) The State employee responsible for oversight of the State home adult day health care program if a contractor operates the State program.
- (c) Required information. The program management must submit the following to the director of the VA medical center of jurisdiction as part of the application for recognition and thereafter as often as necessary to be current:
- (1) The copy of the legal and administrative action establishing the Stateoperated facility (e.g., State laws);
- (2) Site plan of facility and surroundings;
- (3) Legal title, lease, or other document establishing the right to occupy the facility;
- (4) Organizational charts and the operational plan of the adult day health care program;
- (5) The number of the staff by category indicating full-time, part-time and minority designation, annually;
- (6) The number of adult day health care participants who are veterans and